Case 12-17455-bam Doc 4 Entered 06/22/12 17:28:25 Page 1 of 9

B22A (Official Form 22A) (Chapter 7) (12/10)

In re Sandra Lyn Buck	
Debtor(s) Case Number:	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):
(If known)	The presumption arises.
	■ The presumption does not arise.
	\square The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. I was called to active duty after September 11, 2001, for a period of at least 90 days and I remain on active duty /or/ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	 b. □ I am performing homeland defense activity for a period of at least 90 days /or/ □ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

	Part II. CALCULATION OF M	ON	THLY INCOM	ME FOR § 707(b)('	7) E	EXCLUSION		
	Marital/filing status. Check the box that applies a	nd c	omplete the balance	e of this part of this state	men	nt as directed.		
	 a. ■ Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11. b. □ Married, not filing jointly, with declaration of separate households. By checking this box, de "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete or for Lines 3-11. 							
2							and I are living apart other than for the	
	c. ☐ Married, not filing jointly, without the decla ("Debtor's Income") and Column B ("Spou		o abo	ove. Complete b	oth	Column A		
	d. Married, filing jointly. Complete both Colu				Spo	use's Income'')	for	Lines 3-11.
	All figures must reflect average monthly income recalendar months prior to filing the bankruptcy case					Column A		Column B
	the filing. If the amount of monthly income varied					Debtor's		Spouse's
	six-month total by six, and enter the result on the ap			,		Income		Income
3	Gross wages, salary, tips, bonuses, overtime, con	nmis	ssions.		\$	2,208.83	\$	
	Income from the operation of a business, profess							
	enter the difference in the appropriate column(s) of business, profession or farm, enter aggregate numb							
	not enter a number less than zero. Do not include :							
4	Line b as a deduction in Part V.		1	1				
			Debtor	Spouse				
	a. Gross receipts	\$	0.00					
	b. Ordinary and necessary business expenses c. Business income	\$	0.00 otract Line b from I		\$	0.00	¢	
					φ	0.00	φ	_
	Rents and other real property income. Subtract I the appropriate column(s) of Line 5. Do not enter a							
	part of the operating expenses entered on Line b as a deduction in Part V.							
5			Debtor	Spouse				
	a. Gross receipts	\$	0.00					
	b. Ordinary and necessary operating expensesc. Rent and other real property income	\$	0.00 otract Line b from I		\$	0.00	Ф	
6	Interest, dividends, and royalties.	Sui	otract Line o from i	Line a	\$	0.00		
7	Pension and retirement income.							
,				41 1 1.1	\$	0.00	Þ	
	Any amounts paid by another person or entity, or expenses of the debtor or the debtor's dependent							
8	expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your							
	spouse if Column B is completed. Each regular payment should be reported in only one column;					0.00	th.	
	if a payment is listed in Column A, do not report th		•		\$	0.00	\$	
	Unemployment compensation. Enter the amount i However, if you contend that unemployment compe							
Ō	benefit under the Social Security Act, do not list the							
9	or B, but instead state the amount in the space belo	w:	_					
	Unemployment compensation claimed to	. ¢	0.00 Spc	ouaa ¢				
	be a benefit under the Social Security Act Debtor				\$	0.00	\$	
10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.							
			Debtor	Spouse				
	a.	\$		\$				
	b.	\$		\$				
	Total and enter on Line 10				\$	0.00	\$	
11	Subtotal of Current Monthly Income for § 707(b Column B is completed, add Lines 3 through 10 in				\$	2,208.83	\$	

12	Total Current Monthly Income for § 707(b)(7). If Column B has be Column A to Line 11, Column B, and enter the total. If Column B has the amount from Line 11, Column A.			2,208.83		
	Part III. APPLICATION OF §	707(b)(7) EXCLUSION				
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the enter the result.	e amount from Line 12 by the numbe	r 12 and \$	26,505.96		
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
	a. Enter debtor's state of residence: NV b. Enter	debtor's household size:	\$	44,508.00		
	Application of Section 707(b)(7). Check the applicable box and pro	ceed as directed.				
15	■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the					
top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.						

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)						
	Part IV. CALCULA	TION OF CUR	RRENT	MONTHLY INCOM	ME FOR § 707(b)(2)
16	16 Enter the amount from Line 12.				\$	
Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.						
	a. b. c. d. Total and enter on Line 17			\$ \$ \$ \$		\$
18	Current monthly income for § 707	7(b)(2). Subtract Lin	ne 17 fro	m Line 16 and enter the resu	ılt.	\$
				EDUCTIONS FROM s of the Internal Revenu		
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					\$
19B	National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom					
	Persons under 65 year a1. Allowance per person	's or age	a2.	Persons 65 years of age Allowance per person	or older	
	b1. Number of persons c1. Subtotal		b2. c2.	Number of persons Subtotal		\$
20A	Local Standards: housing and util Utilities Standards; non-mortgage e available at www.usdoj.gov/ust/ or the number that would currently be any additional dependents whom you	xpenses for the appli from the clerk of the allowed as exemptio	e expensicable co	es. Enter the amount of the unty and family size. (This stey court). The applicable fa	information is amily size consists of	\$

20B	Local Standards: housing and utilities; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your count available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy count the number that would currently be allowed as exemptions on your fed any additional dependents whom you support); enter on Line b the total debts secured by your home, as stated in Line 42; subtract Line b from not enter an amount less than zero.					
	a. IRS Housing and Utilities Standards; mortgage/rental expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$ \$				
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$			
21	Local Standards: housing and utilities; adjustment. If you contend 20B does not accurately compute the allowance to which you are entiti Standards, enter any additional amount to which you contend you are contention in the space below:	led under the IRS Housing and Utilities	\$			
	Local Standards: transportation; vehicle operation/public transpor	station avnonce	Ψ			
	You are entitled to an expense allowance in this category regardless of vehicle and regardless of whether you use public transportation.	whether you pay the expenses of operating a				
22A	Check the number of vehicles for which you pay the operating expense included as a contribution to your household expenses in Line 8. □ 0 □ 1 □ 2 or more.	es or for which the operating expenses are				
	If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or					
	Census Region. (These amounts are available at www.usdoj.gov/ust/ o		\$			
22B	Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy					
	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)					
	□ 1 □ 2 or more.					
23	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy c					
	Monthly Payments for any debts secured by Vehicle 1, as stated in Lin the result in Line 23. Do not enter an amount less than zero.	e 42; subtract Line b from Line a and enter				
	a. IRS Transportation Standards, Ownership Costs	\$				
	Average Monthly Payment for any debts secured by Vehicle	Φ.				
	b. 1, as stated in Line 42 c. Net ownership/lease expense for Vehicle 1	\$ Subtract Line b from Line a.	\$			
	Local Standards: transportation ownership/lease expense; Vehicle		*			
	the "2 or more" Box in Line 23.	Complete this Line only if you enceked				
	Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero. [a. IRS Transportation Standards, Ownership Costs] \$ \\$					
24						
	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$				
		Subtract Line b from Line a.	\$			
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal,					
25	state and local taxes, other than real estate and sales taxes, such as inco security taxes, and Medicare taxes. Do not include real estate or sales		\$			
L	security taxes, and vicultate taxes. Do not include real estate of sales taxes.					

26	Other Necessary Expenses: involuntary deductions for endeductions that are required for your employment, such as ro Do not include discretionary amounts, such as voluntary	etirement contributions, union dues, and uniform costs.	\$	
27	Other Necessary Expenses: life insurance. Enter total ave life insurance for yourself. Do not include premiums for in any other form of insurance.	\$		
28	Other Necessary Expenses: court-ordered payments. Empay pursuant to the order of a court or administrative agency include payments on past due obligations included in Lin	y, such as spousal or child support payments. Do not	\$	
29	Other Necessary Expenses: education for employment or the total average monthly amount that you actually expend f education that is required for a physically or mentally challe providing similar services is available.	for education that is a condition of employment and for	\$	
30	Other Necessary Expenses: childcare. Enter the total aver childcare - such as baby-sitting, day care, nursery and prescl		\$	
31	Other Necessary Expenses: health care. Enter the total aver health care that is required for the health and welfare of you insurance or paid by a health savings account, and that is in include payments for health insurance or health savings account.	rself or your dependents, that is not reimbursed by excess of the amount entered in Line 19B. Do not	\$	
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.			
33	Total Expenses Allowed under IRS Standards. Enter the	total of Lines 19 through 32.	\$	
	Note: Do not include any expen Health Insurance, Disability Insurance, and Health Savir the categories set out in lines a-c below that are reasonably r dependents.			
34	a. Health Insurance \$	5		
	b. Disability Insurance \$	5		
	c. Health Savings Account \$	\$	\$	
	Total and enter on Line 34.			
	If you do not actually expend this total amount, state your below: \$	r actual total average monthly expenditures in the space		
35	Continued contributions to the care of household or fami expenses that you will continue to pay for the reasonable an ill, or disabled member of your household or member of you expenses.	\$		
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.			
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local			
38	Education expenses for dependent children less than 18. actually incur, not to exceed \$147.92* per child, for attendar school by your dependent children less than 18 years of age documentation of your actual expenses, and you must expenses and not already accounted for in the IRS Standard Counter Coun	nce at a private or public elementary or secondary You must provide your case trustee with plain why the amount claimed is reasonable and	\$	
	I .			

 $^{^{*}}$ Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.						\$
40			Enter the amount that you will conting ganization as defined in 26 U.S.C. § 1			e form of cash or	\$
41	Tota	l Additional Expense Deduction	s under § 707(b). Enter the total of L	Lines 34	through 40		\$
		S	ubpart C: Deductions for De	bt Pay	ment		
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.						
		Name of Creditor	Property Securing the Debt	Avera		Does payment include taxes or insurance?	
	a.			\$		□yes □no	
				l .	: Add Lines		\$
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor Property Securing the Debt 1/60th of the Cure Amount					\$	
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.						\$
			If you are eligible to file a case under the amount in line b, and enter the res				
45	a. b.	issued by the Executive Office	strict as determined under schedules e for United States Trustees. (This w.usdoj.gov/ust/ or from the clerk of	x Total:	Multiply Line	es a and b	\$
46	Tota	l Deductions for Debt Payment.	Enter the total of Lines 42 through 45	5.			\$
		Sı	ubpart D: Total Deductions f	rom In	come		
47	Tota	l of all deductions allowed under	r § 707(b)(2). Enter the total of Lines	33, 41, a	and 46.		\$
		Part VI. DE	TERMINATION OF § 707(b	o)(2) Pl	RESUMP	ΓΙΟΝ	
48	Ente	r the amount from Line 18 (Cur	rent monthly income for § 707(b)(2)))			\$
49	Ente	r the amount from Line 47 (Tota	al of all deductions allowed under §	707(b)(2	2))		\$
50	Mon	thly disposable income under §	707(b)(2). Subtract Line 49 from Line	e 48 and	enter the resu	lt.	\$
51	60-m		707(b)(2). Multiply the amount in Li	ine 50 by	the number (60 and enter the	\$

	Initial presumption determination. Check the applicable box and proceed as of	lirected.					
52	☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.						
	☐ The amount set forth on Line 51 is more than \$11,725* Check the box for statement, and complete the verification in Part VIII. You may also complete P						
	$\hfill\Box$ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*.	Complete the remainder of Part VI (I	Lines 53 through 55).				
53	Enter the amount of your total non-priority unsecured debt		\$				
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number	ber 0.25 and enter the result.	\$				
	Secondary presumption determination. Check the applicable box and proceed	l as directed.	•				
55	□ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page of this statement, and complete the verification in Part VIII. □ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.						
	Part VII. ADDITIONAL EXPENS	E CLAIMS					
56	Other Expenses. List and describe any monthly expenses, not otherwise stated you and your family and that you contend should be an additional deduction from						
	707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All each item. Total the expenses.						
Expense Description Monthly Amount							
	a.	\$					
	b.	\$					
	c.	\$					
	d.	\$					
	Total: Add Lines a, b, c, and d	\$	1				

^{*} Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

	Part VIII. VERIFICATION						
57	I declare under penalt must sign.) Date:	y of perjury that the informatio June 22, 2012	on provided in this statement is to	rue and correct. (If this is a joint case, both debtors /s/ Sandra Lyn Buck (Debtor)			

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 12/01/2011 to 05/31/2012.

Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Pep Boys

Income by Month:

6 Months Ago:	12/2011	\$2,938.00
5 Months Ago:	01/2012	\$1,863.00
4 Months Ago:	02/2012	\$1,991.00
3 Months Ago:	03/2012	\$2,170.00
2 Months Ago:	04/2012	\$2,000.00
Last Month:	05/2012	\$2,291.00
	Average per month:	\$2,208.83
	- -	